



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tisue, J. Gilbert  
Filed: 09/30/2002  
Serial Number: 10/261719, now U.S. 6636536  
Title: Passive Thermal Compensation for Wavelength  
Agile Tuners  
Examiner: Leon Scott Jr.

November 4, 2004

REQUEST FOR ADDRESS CHANGE

Commissioner of Patent and Trademarks  
Washington D.C. 20231

Sir:

The undersigned inventor requests a change in fee and correspondence addresses for the above referenced patent. Since the form for fee address change is not applicable unless I have a customer number, I have attached forms SB/81 and SB/123 which contain the necessary information and signatures.

Respectfully submitted,



J. Gilbert Tisue  
Applicant pro se  
1329 Santa Cruz Dr.  
Minden NV, 89423  
775-267-2360

Certificate of Mailing

I hereby certify that this correspondence will be deposited with the U S Postal Service by 1<sup>st</sup> class mail, postage prepaid, in an envelop addressed to Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on the date below.

Date 11-4-04

Inventors Signature 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY FORM 7 2005**  
**and**  
**CORRESPONDENCE ADDRESS**  
**INDICATION FORM**

Application Number	10/261719
Filing Date	9/30/2002
First Named Inventor	J. Gilbert Tisue
Title	Passive Thermal Compensation for Wa
Art Unit	
Examiner Name	Leon Scott Jr.
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:  
 OR

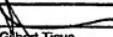
The address associated with Customer Number:  
 OR

<input checked="" type="checkbox"/> Firm or Individual Name	J. Gilbert Tisue		
Address	1329 Santa Cruz Dr.		
City	Minden	State	NV Zip 89423
Country	USA		
Telephone	775-267-2360	Fax	775-267-5760

I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11/04/2004
Name	J. Gilbert Tisue	Telephone	775-267-2360
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

"Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CHANGE OF  
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**Patent**

Address to:  
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P.O. Box 1450  
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Patent Number	6636536
Issue Date	10/21/2003
Application Number	10/261719
Filing Date	9/30/2002
First Named Inventor	J. Gilbert Tissue
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent to:

 The address associated with Customer Number: 

OR

Firm or  
Individual Name J. Gilbert Tissue

1329 Santa Cruz Dr.

## Address

City	Minden	State	NV	ZIP	89423
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Country USA

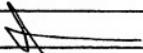
Telephone	775-267-2360	Fax	775-227-5760
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This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

- Patentee.
- Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number \_\_\_\_\_.

Signature 

Typed or  
Printed Name J. Gilbert Tissue

Date	11/03/2004	Telephone	775-267-2360
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Total of \_\_\_\_\_ forms are submitted.

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Patent**

Address to:  
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Alexandria, VA 22313-1450



Patent Number	5450202
Issue Date	09/12/1995
Application Number	08/108196
Filing Date	08/18/1993
First Named Inventor	James G. Tissue
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent to:

- The address associated with Customer Number: \_\_\_\_\_

OR

Firm or  
Individual Name James G. Tissue

1329 Santa Cruz Dr.

## Address

City	Minden	State	NV	ZIP	89423
Country	USA				
Telephone	775-287-2360	Fax	775-227-5780		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

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 Attorney or agent of record. Registration Number \_\_\_\_\_

Signature

Typed or  
Printed Name James G. Tissue

Date	11/03/2004	Telephone	775-267-2360
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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